## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUI I. Entity Nami ROMOCO	e	827				Secreta	ary of Sta 90060 024 ***150	ate
Principal Place of Business  201 FRONT ST  \$203 KEY WEST FL 33040 US  2. Principal Place of Business			Mailing Address 201 FRONT ST S203 KEY WEST FL 33040 US 3. Mailing Address			DO NOT WRITE IN THIS SPACE		
3340 N. ROOSEVELT & Suite, Apt. #, etc. SUITE #6			Suite, Apt. #, etc.					
City & State			City & State	SAME	4. f	El Number	Ap	oplied For
	WEST			SAME		59-1237968		ot Applicable
3,30	40 HONRE	) <del>=</del>	SAME	Country	5. (	Certificate of Status Desired	See Require	
	6. Name and Address of C		stered Agent	Name	7. 1	Name and Address of New F	Registered Agent	
	T FL 33040	ment for the	purpose of changing its re	City K	EY N	Som Number is Not Acceptable  Control  Lent, or both, in the State of Fl	FL 338	.φ 540
SIGNATURE _	Signature, typed cyprinted name of register	red agent and title	ij policable. (NOTE:	Registered Agent signatur	e required when re	einstating)	4/02	
Tax filing re	oration is eligible to satisfy its Int equirement and elects to do so ia on back)	-	FILE NOW!!! After May 1, 2002 Make Check Payable		0.00	10. Election Campaign Fin Trust Fund Contribution		0 May Be d to Fees
11.		S AND DIRE		12.	AC	DITIONS/CHANGES TO OFF		
title Name Street address City-St-Zip		340 N. Ro Ley West,	Delete bosevelt Blvd., #6 FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete  posevelt Blvd., #6  FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESION 3725 HEY. #115 S. DAHLONEGA GA 30533	STO)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Drift at 35000		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
ITTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	24,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicated of the cor	certify that the information supp on this report or supplemental poration or the receiver or trust or on an attachment with an ac	report is true se empowere Idress, with a	and accurate and that my ed to execute this report a Il other like empowered.	y signature shall ha	ive the same	legal effect as if made under	oath; that I am an officer	or director

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:**